

**LAW ENFORCEMENT AGENCY
DATA SHEET
FEDERAL/STATE**

DATE: _____

LEA: _____ INTERNET: _____

ADDRESS (No P.O. Box) : _____

CITY: _____ STATE: _____ ZIP: _____

NUMBER OF FULL TIME SWORN OFFICERS: _____

NUMBER OF FULL TIME SWORN NARCOTIC OFFICERS: _____

NUMBER OF FULL TIME SWORN TACTICAL OFFICERS: _____

**SCREENERS/WEAPONS POC MUST BE AUTHORIZED BY THE GOVERNOR
APPOINTED STATE COORDINATOR**

SCREENER #1:

	RANK	NAME
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SCREENER #2:

	RANK	NAME
--	------	------

SCREENER #3:

	RANK	NAME
--	------	------

SCREENER #4:

	RANK	NAME
--	------	------

WEAPONS POC:

	RANK	NAME
--	------	------

PHONE: _____ FAX: _____

(FOR STATE/LOCAL AGENCIES ONLY)

CHIEF EXECUTIVE OFFICIAL

SIGNATURE: _____

STATE COORDINATOR

SIGNATURE: _____

(FOR FEDERAL AGENCY ONLY)

HEAD OF AGENCY SIGNATURE: _____